

**BOARD OF BAR EXAMINERS  
OF THE SUPREME COURT OF DELAWARE**

## **APPLICATION FOR SPECIAL ACCOMMODATIONS**

Attached is an Application for Special Accommodations for the Delaware Bar Examination. Requests for special accommodations will be considered by the Delaware Board of Bar Examiners (“Board”) only after the Applicant has submitted all information required by this Application. Applicants who request ANY type of non-standard examination administration must submit this Application. The Application consists of several parts:

- **APPLICANT FORM**

Every Applicant requesting any type of special accommodations must complete this form.

- **LICENSED PROFESSIONAL/QUALIFIED DIAGNOSTICIAN FORM**

Every Application must include verification of the Applicant's condition supported by a specialist qualified to evaluate the condition.

- **GUIDELINES FOR DOCUMENTATION OF COGNITIVE DISABILITIES**

These are guidelines to assist Applicants and diagnosing specialists when preparing an Application for Special Accommodations that includes a request for additional examination time because of a cognitive impairment.

**NO REQUEST FOR SPECIAL ACCOMMODATIONS WILL BE CONSIDERED BY THE BOARD UNTIL ALL REQUIRED INFORMATION IN THE PROPER FORMAT HAS BEEN SUBMITTED. ALL REQUESTS FOR SPECIAL ACCOMMODATIONS MUST BE COMPLETED AND RECEIVED BY THE BOARD BY THE DEADLINE FOR SUBMISSION OF AN APPLICATION FOR ADMISSION TO THE DELAWARE BAR.**

# APPLICANT FORM

(Please Print or Type)

**Note: This form must be completed and returned to the Board of Bar Examiners of the Supreme Court of Delaware ("Board") with your completed Application for Admission to the Delaware Bar.**

The Board requires current documentation (generally within the last three years) from a qualified diagnostician/licensed professional who diagnosed your disability and is familiar with its impact on your ability to perform on the Bar Examination or other similarly timed, standardized admission tests.

## I. BACKGROUND INFORMATION

Name: \_\_\_\_\_ M or F \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## II. DIAGNOSTIC HISTORY

Initial Disability Diagnosis \_\_\_\_\_  
Date \_\_\_\_\_  
Diagnostician(s) \_\_\_\_\_

Recent Disability Diagnosis \_\_\_\_\_  
Date \_\_\_\_\_  
Diagnostician(s) \_\_\_\_\_

All Other Diagnoses of Disability \_\_\_\_\_  
Date \_\_\_\_\_  
Diagnostician(s) \_\_\_\_\_

## III. ACCOMMODATION HISTORY

1. When did you first receive any Nonstandard Test Accommodations (NTA)?

\_\_\_\_\_  
\_\_\_\_\_

2. At what level(s) of school were you provided with NTA? (K-8, HS, College, Graduate or Law School)?

\_\_\_\_\_

3. On what national test(s) were you provided with NTA and when (SAT, LSAT, Other)?

\_\_\_\_\_

4. What local, state, or federal agencies have provided proof of NTA?

\_\_\_\_\_  
\_\_\_\_\_

5. What specific accommodations have you received on national tests?

\_\_\_\_\_  
\_\_\_\_\_

**ATTACH ALL DOCUMENTATION SUPPORTING YOUR RESPONSES TO QUESTIONS 1-5.**

#### IV. ACCOMMODATIONS REQUESTED

**Note:** Applicants with similar requests for accommodations may be tested in the same room. All standard examination center regulations apply to accommodated administrations unless specifically modified in writing by the Board.

##### 1. Extended Time

\_\_\_\_\_ 25%

\_\_\_\_\_ 50%

\_\_\_\_\_ Other \_\_\_\_\_

**NOTE:** The Board does not grant requests for unlimited time.

- 2. Examination Format.** Check only one. If you do not complete this section, the regular print test book will be used. Test preparation materials are available in the following formats upon request and where necessary to accommodate a disability.

\_\_\_\_\_ Braille version of Bar Examination

\_\_\_\_\_ Audiocassette version of Bar Examination

\_\_\_\_\_ Large print (18 pt.) test book

\_\_\_\_\_ Other \_\_\_\_\_

##### 3. Test Environment

\_\_\_\_\_ Extended Breaks

\_\_\_\_\_ Medical needs (liquid, food, etc.)

\_\_\_\_\_ Orthopedic/Mobility needs

\_\_\_\_\_ Small group

\_\_\_\_\_ Private room

\_\_\_\_\_ Other \_\_\_\_\_

#### V. AUTHORIZATION TO CONTACT QUALIFIED DIAGNOSTICIAN/LICENSED PROFESSIONAL

To facilitate the processing of your request for accommodations, it may be necessary to obtain additional information. By signing below, you authorize representatives of the Board to contact any of the diagnostician/licensed professionals identified in this Application who diagnosed your disability or recommended the requested accommodations, and you authorize such diagnostician/licensed professional to release all relevant information to the Board.

I authorize any representative of the Board of Bar Examiners of the Supreme Court of Delaware to contact any qualified diagnostician/licensed professional who diagnosed my disability and recommended the request(s) for accommodations, and to provide whatever information is requested by the Board.

Date \_\_\_\_\_

Signature \_\_\_\_\_

# LICENSED PROFESSIONAL/QUALIFIED DIAGNOSTICIAN FORM

(Please Print or Type)

Note: This form must be completed by a qualified diagnostician who is familiar with the Applicant's disability and its impact on the Applicant's ability to perform on the Delaware Bar Examination or other similarly timed, standardized admission tests. A narrative, history, or other documentation must be included on this form demonstrating the impact of the Applicant's disability on the Applicant's ability to perform, and must be specific in its recommendation(s) for accommodation(s). A detailed explanation must be provided supporting a recommended accommodation and must reference specific tests, clinical observations, or other objective data such as audiograms, progress reports, visual acuities and visual fields, and similar evidence. The impact of the disability and current need for accommodations must be demonstrated. Recommendations cannot be supported solely by a history of prior accommodations. If there is no history of prior accommodations, a detailed explanation must be included that addresses why no accommodations were used in the past and why accommodations are now needed. Please refer to the Board's website at <http://courts.state.de.us/bbe/> for specific information about the requirements and format of the Delaware Bar Examination.

**Applicant must return this form as a part of a completed Application for Special Accommodations.**

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Licensed Professional/Qualified Diagnostician:**

Name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Graduate Degree(s) \_\_\_\_\_

License/Certification #s \_\_\_\_\_

Current Employment \_\_\_\_\_

Please submit a professional evaluation report that includes the following as applicable. Consult the attached guidelines for further information.

- A DSM diagnosis based upon accepted criteria
- A data-based rationale for the diagnosis and your specific accommodation recommendations
- A history of disability and impairment from childhood to present (attach all documentation)
- Comprehensive testing across domains of functioning using psychometrically sound instruments that provide standard age-based scores derived from general population norm tables
- Test evidence that indicates impairment relative to average persons and substantial limitations in major life activities
- Evidence of any medical or psychiatric condition(s) that warrant accommodations

Signature

License/Certification Number

Date

# GUIDELINES FOR DOCUMENTATION OF COGNITIVE DISABILITIES

The following guidelines are intended to assist you and your diagnostician in completing your request for special accommodations on the Delaware Bar Examination. If you are seeking additional test time on the Delaware Bar Examination because of a cognitive impairment, including, but not limited to, specific learning disabilities, processing deficiencies, or attention deficit disorder, you must submit a comprehensive psychoeducational or neuropsychological assessment. This assessment must comply with the following requirements and must demonstrate the impact of your disability on your ability to perform on the Delaware Bar Examination under standard time and testing conditions.

## **1. Your evaluation must be conducted by a qualified diagnostician.**

Your testing and assessment must be conducted by a qualified diagnostician. The diagnostician must have comprehensive training and direct experience in working with adult populations. Diagnosticians should describe their academic credentials and qualifications that allow them to diagnose your disability and recommend accommodations on the Delaware Bar Examination.

## **2. The testing/assessment must be current.**

Accommodations will be based upon assessment of the current nature and impact of your disability. You are therefore required to submit a report or documentation of recent testing and a current assessment of the impact of your disability. This means that testing must have been conducted within three years of your request for accommodations on the Delaware Bar Examination. If, however, you were tested as an adult, after the age of 21, testing conducted within the past five years of your request for accommodations on the Delaware Bar Examination may be acceptable. If the documentation you submit is insufficient or outdated, you will be required to obtain current testing and assessment before the Board will act on your request for accommodations. Submission of appropriately current documentation is a prerequisite to consideration of your application for special accommodations.

## **3. The testing/assessment must be comprehensive.**

Objective evidence of a substantial limitation in cognition/learning must be provided. Minimally, the domains to be addressed should include the following:

### **a. *A diagnostic interview***

The report of assessment should include a comprehensive diagnostic interview that includes relevant background information to support the diagnosis. In addition to the Applicant's self-report, the report assessment should include:

- a description of the presenting problem(s);
- a developmental history;
- academic history, including results of prior standardized testing, reports of classroom performance and behavior, special education services, and IEPs.
- family history, including primary language of the home, and current fluency of English where relevant;
- psychosocial history;
- medical history, including the absence of a medical basis for the present symptoms;
- history of prior treatment and effectiveness;
- a discussion of dual diagnosis, alternative or coexisting mood, behavioral, neurological and/or personality disorders, along with any history of relevant medication and current use which may impact the Applicant's learning; and
- exploration of possible alternatives that could explain the test findings

**b.      *A neuropsychological or psychoeducational evaluation***

The neuropsychological or psychoeducational evaluation for the diagnosis of a cognitive disability should be submitted on the letterhead of a qualified professional. It should provide clear and specific evidence that a cognitive disability does or does not exist. It is not acceptable to administer only one test, or to base a diagnosis on only one of several subtests. Domains to be addressed should include the following:

1)      *Aptitude*

A complete aptitude assessment is required with all subtests and standard scores. The preferred instrument is the *Wechsler Adult Intelligence Scale III*. Other acceptable instruments include, but are not limited to, the *Woodcock-Johnson III Psychoeducational Battery Tests of Cognitive Ability*; the *Stanford-Binet Intelligence Scale: Fourth Edition*.

2)      *Achievement*

A complete achievement battery, with all subtests and standard scores, should be provided. The battery may include current levels of academic functioning in reading (decoding and comprehension), mathematics, and written language. Acceptable instruments include, but are not limited to, the *Woodcock-Johnson III Psychoeducational Battery: Tests of Achievement*; *Scholastic Abilities Test for Adults (SATA)*; or *Woodcock Reading Mastery Tests*. The *Wide Range Achievement Test - 3 (WRAT-3)* is not a comprehensive measure of achievement and therefore is not acceptable if used as the sole measure of achievement. The *Nelson Denny Reading Test* is a screening measure not validated for individual diagnosis, and the Reading Rate subtest is not a reliable measure of reading.

3)      *Information Processing*

Specific areas of information processing (e.g., short- and long-term memory; sequential memory; auditory and visual perception/processing; processing speed; executive functioning; motor ability) must be addressed. Acceptable instruments include, but are not limited to, the *Detroit Tests of Learning Aptitude - 3 (DTLA-3)*. Information from subtests on the *WAIS III*, The Wechsler Memory Scale III, or the *Woodcock-Johnson III Psychoeducational Battery: Tests of Cognitive Ability* as well as other instruments may be used to address these areas.

4)      *Other Assessment Measures*

Other standard and formal assessment measures (e.g., personality or clinical inventories) may be integrated with the above documents to help support a dual diagnosis, or to disentangle the cognitive/learning disability from coexisting mood, behavioral, neurological, and/or personality disorders. In addition to standardized test batteries, it is also helpful to include informal observations of the student during the test administration. Nonstandard measures and informal assessment procedures may be helpful in determining performance across a variety of domains.

**4.      *Actual test scores must be provided.***

The tests used must be reliable and valid. The test findings must document both the nature and severity of the disability(ies). Informal inventories, surveys, and direct observation by a qualified diagnostician may be used in conjunction with formal tests to develop further a diagnosis and to recommend accommodations. Standard scores must be provided for all normed measures. These must be based on age norms derived from the general population. Percentiles are also acceptable, but grade equivalents are not acceptable unless standard scores and/or percentiles are also included. The particular profile and history of the Applicant's impairments must be shown to relate directly to functional limitations that necessitate the recommended accommodations.

**5. The report of assessment must include a specific diagnosis.**

The report of assessment must include a specific diagnosis. For example, individual "learning styles," "learning differences," and "academic problems" are not by themselves cognitive disabilities for which accommodations will be granted. The specific diagnosis must be supported by test data, academic history, anecdotal and clinical observations that may include comments about the Applicant's level of motivation, study skills, and other noncognitive factors. These findings must demonstrate that the Applicant's functional limitations are due to the diagnosed disability(ies). It is important that the diagnostician rule out alternative explanations for problems in learning which do not, in and of themselves, constitute a disability in learning. If more than one diagnosis has been applied, the clinician should attempt to differentiate and clarify multiple diagnoses, particularly when two or more clinicians make different diagnoses.

**6. The report of assessment must recommend specific accommodations.**

The report of assessment must recommend specific accommodations. It is critically important that the diagnostician include a detailed explanation as to why the specific recommended accommodation is necessary to accommodate the diagnosed disability. Such requests must reference test results or clinical observations that support the need for the accommodations. The Board does not offer an untimed test.

*The Board of Bar Examiners reserves the right to make the final judgment  
as to the sufficiency of all documentation.*